ARIZONA FORM 805

Reservation Retailer's Monthly Report

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			ona Department of Revenu g the month for which this		
REGISTERED RETAILER - NAME MAIL ADDRESS			REGISTRATION NO.	TAXPAYER	I.D. (FEIN or SSN)
			ADDRESS OF BUSINESS LOCATION		
CITY	STATE Z	ZIP	CITY	STATE	ZIP
NAME OF CONTACT PERSON		TELEPHONE NO. WITH AREA CODE			
See instructions on reverse	e side.				
. Total <i>number of packs</i> of	cigarettes so	old			
. Total <i>number of packs</i> of	cigarettes so	old to enrolled	members of the tribe		
3. Total sales in dollars of o	ther tobacco	products		\$	
			nrolled members of the trib		
					%
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MAIL TO: Arizona Department of Revenue Tobacco Tax Section 1600 W. Monroe Phoenix, AZ 85007 AZ Form 805 Page 2 of 2 Instructions

GENERAL INSTRUCTIONS:

You must file this report if you are a registered retailer on a reservation selling cigarettes in the State of Arizona.

You must file this report monthly on or before the 20th day after the month the sales were made.

Prepare this report for each month regardless of whether or not any sales were made. File the original with the Arizona Department of Revenue. Retain a copy of the return with all substantiating documentation for at least four years subject to inspection by the Department.

You must provide your registration number.

You must provide your identification number on the return. An identification number is either your Federal Employer Identification Number (FEIN) or your Social Security Number (SSN) if you are a sole proprietor with no employees.

The holder of the registration or the authorized agent must sign the form.

SPECIFIC INSTRUCTIONS:

Line 1: Enter the total number of packs of cigarettes sold during the month.

Line 2: Enter the number of packs of cigarettes that were sold to enrolled members of the tribe during the month.

Line 3: Enter the total dollar amount of sales of other tobacco products during the month.

Line 4: Enter the percentage of sales of other tobacco products to enrolled members of the tribe during the month.